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Congress of the United States
House of Representatives
April 23, 1998
Washington, DC 20515

Ms. Cathy Haney
Chairperson, Part 35 Working Group
U.S. Nuclear Regulatory Commission
Washington, DC 20555

Dear Ms. Haney:

I recently became aware of the NRC's suggested revisions to Section 10, Part 35 of the Code of Federal Regulations. From my understanding, the NRC recommendations are designed to improve the overall quality of professional training and patient care that accompany the medical use of byproduct materials. I commend the NRC for its attempts at streamlining the Part 35 regulations to be both more risk-informed and performance-based. I am concerned, however, about extent of the revisions in one particular area, specifically the proposed changes to the training and experience requirements for non-American Board of Radiology physicians who wish to become NRC authorized users of isotopes for medical purposes.

The current regulations for diagnostic nuclear medicine require a total of 1200 hours of training. The NRC revisions suggest a reduction to 120 hours total- 40 hours of classroom training and 80 hours of practical experience. While reductions are necessary, I believe the breadth of the reductions may be too great. If implemented, the drastic revisions could compromise the quality of nuclear medicine examinations and nuclear medicine patient care. Further, supervised experience is the only teacher that can properly prepare physicians for what awaits them in this challenging field. If the experience hours are drastically decreased, it may result in physicians ill-prepared to handle the atypical eventualities that constantly arise in nuclear medicine.

As I stated, I agree that reductions are necessary. Yet rather than severe reductions, I believe that it may be more beneficial to incrementally reduce the number of training hours. An incremental schedule would allow time to analyze the impact that a reduction of training hours will have on the practitioners of nuclear medicine. It would further allow experts to determine the effects a decrease would have on patient care, and whether or not such care would be compromised by a more severe reduction to 120 hours. If no adverse impact results, more reductions can be gradually implemented, potentially resulting in the same reductions as originally intended. As I am sure you would agree, in the field of medicine, a cautious approach is a wiser tact than bold and aggressive changes. This is especially true when the health of individual patients may be put at risk from the proposed alterations.

I would like to hear your thoughts on the above issues. I thank you in advance for your attention to this matter, and hope to hear from you soon.

Sincerely,

A handwritten signature in dark ink, appearing to read "Patrick J. Kennedy".
Patrick J. Kennedy
Member of Congress